

KANSAS STATE BOARD OF PHARMACY
LONDON STATE OFFICE BUILDING
900 JACKSON, ROOM 560
TOPEKA KS 66612
(785) 296-4056
FAX (785) 296-8420

FEE \$25.00

FOR OFFICE USE ONLY

REG NO. _____

DATE _____

APPLICATION FOR INSTITUTIONAL DRUG ROOM REGISTRATION

APPLICATION IS HEREBY MADE BY

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELE NO. _____

NAME TO BE REGISTERED AS INSTITUTIONAL DRUG ROOM _____

PHYSICAL ADDRESS OF INSTITUTIONAL DRUG ROOM _____

CITY _____ STATE _____ ZIP _____ COUNTY _____ TELE NO. _____

MAILING ADDRESS FOR RENEWAL INFORMATION, IF DIFFERENT THAN PHYSICAL LOCATION _____

CITY _____ STATE _____ ZIP _____

Type of ownership is : ☐ Individual ☐ Partnership ☐ Corporation

IF PARTNERSHIP, list names and percentage of ownership on reverse side.

IF CORPORATION, list officers and owners of stock on reverse side.

This application is being made for the following reason: (Check all that apply)

☐ Original registration ☐ Change of Address ☐ Change of responsible pharmacist ☐ Change of drug room name

NAME OF RESPONSIBLE PHARMACIST OR PRACTITIONER _____ REG NO. _____

The following other registered pharmacists or practitioners will be employed:

NAME _____ REG NO. _____

NAME _____ REG NO. _____

Total number of hours per week pharmacist or practitioner is on duty in facility _____

I, _____, do solemnly (swear or affirm) that I am the responsible pharmacist/practitioner and that the statements and representations made in the foregoing application are true and correct; such Institutional Drug Room will be conducted and operated in full compliance with the Pharmacy Law and professional ethics and all other laws of Kansas so long as continued under such registration; I understand that the registration, if issued, will expire annually on the 30th day of June and such registration will be cancelled if not renewed ANNUALLY by the 31st day of July.

RESPONSIBLE PHARMACIST/PRACTITIONER _____

Subscribed and sworn to before me this _____ day of _____, 20____

My commission expires _____, 20____

SIGNATURE OF NOTARY PUBLIC